

## Enrollment Verification Form

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The following student \_\_\_\_\_ is a current nursing student at Montgomery County Community College enrolled in the Associate of Applied Science in Nursing (AASN) program. This student has approval to apply to the concurrent RN to BSN program at West Chester University per Kyle Raczynski MSN, RN, Director of Nursing, Montgomery County Community College.

The purpose of this document is to verify that this student is currently enrolled in the AASN program at Montgomery County Community College. The student will upload this signed document with their WCU admissions application.

Kyle Raczynski MSN, RN (Signature Required): \_\_\_\_\_

Date: \_\_\_\_\_